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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/809,710
		Filing Date	March 26, 2004
		First Named Inventor	Markus Isomaki
		Art Unit	2475
		Examiner Name	R. W. Wilson
Total Number of Pages in This Submission		Attorney Docket Number	39700-615001US/NC40217US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement of the Substance of the Interview		
<table border="1"> <tr> <td>Remarks</td> <td> The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No.:39700-615001US/NC40217US </td> </tr> </table>			Remarks	The Director is hereby authorized to charge any additional fees that may be due, or credit any overpayment of the same to Deposit Account 50-0311, Ref. No.:39700-615001US/NC40217US
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.		
Signature	/Ido Rabinovitch/		
Printed name	Ido Rabinovitch, Esq.		
Date	December 13, 2010	Reg. No.	L0080